

RACIAL DIFFERENCES IN HEALTHCARE SEEKING AND TREATMENT FOR URINARY INCONTINENCE

Hypothesis / aims of study

Epidemiological studies suggest that although urinary incontinence (UI) affects large numbers of women, many of the affected individuals do not seek care or treatment. The aims of this study are 1) to examine the prevalence of healthcare seeking amongst a population-based sample of black and white community-dwelling women with self-reported UI, 2) to examine barriers to treatment faced by women with UI, and 3) to investigate utilization of commonly used therapeutic modalities for incontinence.

Study design, materials and methods

This is a planned secondary analysis of a cross-sectional population-based epidemiological study of racial differences in the prevalence of urinary incontinence in community-dwelling women aged 35-64 years [1]. 2814 women were interviewed by telephone, of whom 571 (278 black and 293 white) self-identified as having urinary incontinence, defined as at least 12 episodes of involuntary urine loss within the prior 12 months, and were included in this study. Type of incontinence (stress, urge, mixed or below threshold) was based on a 10-item questionnaire modified from the MESA questionnaire. The subjects were asked if they had ever spoken with a healthcare provider about the UI. All subjects that had not spoken to a provider were queried about specific reasons for not doing so. The subjects were also asked about specific measures being used to manage their UI. All statistical analyses were performed with SAS software (version 9.1; SAS Institute, Cary, NC). Data reflect values weighted to represent the population from which the sample was taken, as previously described [1].

Results

Of the 571 women with self-reported UI, 51% responded that they had sought care from a healthcare provider. There was no statistically significant difference when comparing the percentages of black and white women seeking care for their incontinence (53% black, 51% white, $p=0.64$). The subjects that complained of having bothersome UI but who did not seek care were asked about specific reasons for not talking to a provider (Table 1). No statistically significant differences were noted between the reasons identified by the black and white respondents, but 94% of the subjects expressed a belief that nothing could be done for their UI.

Table 1 – Reasons for not seeking care in the subset of women with self-reported UI that had not spoken to a provider about their incontinence.

Reason For Not Seeking Care	Total % (N=258)	Black % (N=127)	White % (N=131)	p-value
Doctor Never Asked	9.1	6.5	9.7	0.47
Too Embarrassed	8.8	9.2	8.6	0.89
Didn't Think Anything Could Be Done	94.2	93.7	94.4	0.85
Can't Afford Doctor/No Health Insurance	7.6	4.3	8.4	0.32
Afraid of Doctors, Surgery, Medications, etc.	2.8	2.5	2.9	0.88
Other	81.7	87.1	80.9	0.23

Of the incontinence management strategies presented to the subjects, multiple approaches were identified as being used by the respondents (Table 2). The only coping method for which there was a statistically-significant difference noted between the black and white respondents was fluid restriction (18.7% black, 10.3% white, $p=0.01$). In the subset of women who talked to a healthcare provider about their incontinence (not shown in table), similar percentages of black and white subjects reported that something was recommended or prescribed for incontinence (55.1% black, 65.8% white, $p=0.12$), but racial differences were noted in usage of Kegels (20.7% black, 32.7% white, $p=0.02$), fluid restriction (21.7% black, 10.7% white, $p=0.007$), and avoidance of provocative activities (5.4% black, 0.5% white, $p=0.002$).

Table 2 – Incontinence coping strategies utilized by all women with self-reported UI, regardless of health seeking behavior.

Management Strategy	Total % (N=571)	Black % (N=278)	White % (N=293)	p-value
Take Medications	8.5	9.0	8.4	0.84
Do Kegels	21.2	14.9	22.8	0.07
Locate Bathroom Immediately	12.3	14.3	11.8	0.47
Toilet Regularly	39.1	38.1	39.3	0.82
Restrict Fluids	12.0	18.7	10.3	0.01
Avoid Certain Foods or Beverages	5.8	8.6	5.1	0.15
Avoid Certain Exercises or Physical Activities	2.7	4.9	2.1	0.10
Wear Pads or Other Protection	59.2	60.8	58.8	0.70
Other	21.0	23.7	20.4	0.44

Do Nothing	8.7	8.3	8.8	0.86
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Interpretation of results

In this study, approximately one-half of the adult female population with self-reported urinary incontinence sought care from a healthcare provider. Similar percentages of black and white women sought care from a provider, and no major differences were noted between the racial groups in identifying demographic characteristics of those who seek care for incontinence. Almost all of the subjects reported that they had not seen a healthcare provider regarding their incontinence, at least in part, due to a belief that nothing could be done for their problem. Black and white women largely use similar coping strategies to manage their UI, but black women are more likely to restrict fluid intake when compared to white women. Interestingly, of women who have sought care for their UI, black women are more likely to restrict fluid intake and avoid certain activities or exercises, whereas white women are more likely to perform Kegel exercises. These patterns of incontinence management are consistent with our previous finding that black women are more likely to suffer from urge UI, whereas white women are more likely to have stress urinary incontinence [1].

Few studies have examined care seeking behavior for UI in racially diverse groups. Like our study, the Boston Area Community Health (BACH) Survey is a cross-sectional examination of a community-based population, although its subjects were enrolled from a more urban population in a different geographic region [2]. A similarly low level of healthcare seeking behavior was noted in BACH, but the women who received care in Boston were noted to use medications and pelvic floor exercises at seemingly higher proportions than the women in our study. The Reproductive Risks of Incontinence (RRISK) Study from the Kaiser Permanente Medical Care Program of Northern California also examined care seeking in women of different racial backgrounds [3]. While the subjects in the RRISK Study were drawn from one integrated healthcare organization, were more ethnically diverse, and lived in a geographically and culturally different locale than the women in our study, similar behaviors were noted regarding seeking care and usage of different strategies for management of UI.

Concluding message

Despite its high prevalence and bother, only about half of women seek care from health providers for UI. Black and white women discuss incontinence with providers at similar frequencies, but there are significant differences between the groups regarding how they manage their UI. A better understanding of these differences may be useful for improving incontinence care. While no significant differences were noted between the groups regarding reasons for not seeking care, the vast majority of the women surveyed admitted that they did not discuss UI with a provider as they felt that it could not be treated. This suggests that targeted education about UI and its treatment are critical for improving women's health.

References

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2. Harris SS, Link CL, Tennstedt SL, et al. Care Seeking and Treatment for Urinary Incontinence in a Diverse Population. J Urol 2007;177:680-4.
3. Huang AJ, Brown JS, Kanaya AM, et al. Quality-of-Life Impact and Treatment of Urinary Incontinence in Ethnically Diverse Older Women. Arch Intern Med 2006;166:2000-6.

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<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes